

1448

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 35	
County <u>Yuma</u>	District <u>Yuma</u>	County Registered No. 105	
Town <u>Yuma</u>	City <u>Yuma</u>	Local Registrar's No. 105	
ORIGINAL CERTIFICATE OF DEATH			
No. <u>327 6th avf</u>			
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Ramon Alcala</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>male</u>	Color or Race <u>White</u>	DATE OF DEATH <u>May 7 1919</u>	
	<u>Black</u>	(Month) (Day) (Year)	
	<u>Chinese</u>		
	<u>Mexican</u>		
DATE OF BIRTH <u>October 3 1918</u>	SINGLE <u>WIDOWED</u>	I hereby certify, that I attended deceased from <u>May 1</u>	
	<u>MARRIED</u>	1918 to <u>May 7</u> 1919; that I last saw him <u>live</u>	
AGE <u>7</u> yrs. <u>4</u> mos. <u>4</u> days	<u>or DIVORCED</u>	on <u>May 1</u> 1919, and that death occurred on the date	
		stated above <u>1:00 P.M.</u> The DISEASE or INJURY causing	
OCCUPATION		Death was as follows: <u>acute septemia</u>	
(a) Trade, profession or particular kind of work		(Duration) <u>1</u> yrs. <u>1</u> mos. <u>1</u> days	
(b) General nature of industry, business, or establishment in which employed or (employer)		Was disease contracted in Arizona? <u>yes</u>	
BIRTHPLACE (State or country) <u>Yuma Ariz</u>		If not, where? <u>Mexico</u>	
NAME OF FATHER <u>Francisco Alcala</u>		CONTRIBUTORY	
BIRTHPLACE OF FATHER (State or Country) <u>Mexico</u>		(Duration) <u>1</u> yrs. <u>1</u> mos. <u>1</u> days	
MAIDEN NAME OF MOTHER <u>Lupa Causio</u>		(Signed) <u>J. A. Kitchin</u>	
BIRTHPLACE OF MOTHER (State or Country) <u>Mexico</u>		<u>May 9 1919</u> (Address)	
The Above Is True to the Best of my Knowledge		*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
(Informant) <u>A. Johnson</u>		LENGTH OF RESIDENCE	
(Address) <u>Yuma Ariz</u>		At place of death <u>7</u> yrs. <u>7</u> mos. <u>7</u> ds. In Arizona <u>7</u> yrs. <u>7</u> mos. <u>7</u> ds.	
PLACE OF BURIAL OR REMOVAL <u>Yuma Cemetery</u>	DATE OF BURIAL OR REMOVAL <u>5/7/19</u>	Former or Usual Residence <u>Mexico</u>	
UNDER-TAKER <u>A. Johnson</u>	ADDRESS <u>Yuma Ariz</u>	Filed <u>May 7 1919</u> <u>May 10 1919</u>	
		Local Registrar <u>W. H. R. R. R. R. R.</u>	
		County Registrar <u>W. H. R. R. R. R. R.</u>	